



Detailed Mental Health Screening Form

MENTAL HEALTH HISTORY

1. History of psychotropic medications	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Current usage	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
List Medications	
Evidence of EPS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. History of psychiatric hospitalization	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. History of out-patient mental health treatment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. History of violence: (check those that apply)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Behavior <input type="checkbox"/> Threats	
<input type="checkbox"/> Verbally Assaultive <input type="checkbox"/> Physically Assaultive	
5. History of self-injurious behavior	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. History of head injury, trauma	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Describe:	
7. Length of time in county jail: _____ Years <u>5</u> Months _____ Days	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. History of placement in any special education programs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

BEHAVIORAL OBSERVATION

(Check all Relevant Categories)

<input type="checkbox"/> Aggressive	<input type="checkbox"/> Irrational	<input type="checkbox"/> Passive
<input type="checkbox"/> Agitated	<input type="checkbox"/> Labile	<input checked="" type="checkbox"/> Rational
<input type="checkbox"/> Delusional	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Terrified/Crying
<input type="checkbox"/> Eye Contact	<input type="checkbox"/> Loose Associations	<input type="checkbox"/> Withdrawn
<input type="checkbox"/> Hallucinating	<input type="checkbox"/> Manipulative	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hyperactivity	<input type="checkbox"/> Paranoia	

MENTAL STATUS EXAMINATION

(Write in Brief Description)

Affect: <u>---</u>	Appearance: <u>---</u>
Concentration: <u>---</u>	Intellectual Functioning: <u>---</u>
Mood: <u>Subdued</u>	Memory: <u>---</u>
Orientation: <u>---</u>	Speech: <u>---</u>
Other: <u>Bit reluctant</u>	
Screened By: <u>S. Bin Yun</u>	Title: <u>PA 2</u>
Date: <u>6-26-96</u>	Time: <u>---</u>
Reviewed By: <u>Kenneth Lloyd, PsyD.</u>	Title: <u>---</u>
Date: <u>7-5-96</u>	Time: <u>---</u>
Inmate Name: <u>Woods, Bruce</u>	Number: <u>329-889</u>
Institution: <u>CR</u>	

EXHIBIT

E

SUICIDE POTENTIAL SCREENING

1.	Correctional or Transporting Officer reports subject may be suicidal risk.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.	Experienced a significant loss within last six months. Describe: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.	Worried about major problems other than legal situation. Describe: <u>Family</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4.	Holds position of respect in community and/or alleged crime is shocking in nature.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5.	First involvement with legal system. <u>3rd #</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Appears to feel unusually embarrassed or ashamed.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.	Expresses feelings of helplessness or hopelessness.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8.	Shows signs of depression: crying, emotional flatness Describe: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9.	Appears overly anxious, afraid, or angry.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10.	Is acting and/or talking in a strange manner. (cannot focus attention, hallucinating)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11.	Expresses thoughts of killing self.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12.	Has made previous suicide attempts. Number: _____ Date of most Recent Attempt: _____ Method: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13.	Has a suicide plan. Describe: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14.	Has the means to carry out the suicide. <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15.	Family member or significant other has attempted or committed suicide. Relationship: _____ Date: _____ Method: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
TOTAL YES/NO COUNT		1 Yes 14 No
If there are any checks in Behavioral Observation (Pg.1), or if the total yes count in Suicide Potential Screening is six or more, review for special watch status and refer for mental health evaluation		

DISPOSITION

Woods, 329-889

- ☒ Approved for general population; no mental health referral
- ☐ Approved for general population; routine mental health referral
- ☐ Special Housing - ASAP mental health referral
- ☐ Suicide precaution procedures- emergency mental health referral
- ☐ Psychiatric medications order needed

1. Yes No History of outpatient mental health treatment
 2. Yes No History of inpatient mental health treatment
 3. Yes No History of head injury
 4. Yes No History of violent behavior
 5. Yes No History of suicide attempts
 6. Yes No Current suicidal thoughts**
 7. Yes No Current suicidal plan**
 8. Yes No N/A Ability to carry out current suicide plan**
 9. Yes No Unusual behavior/affect**
 10. Yes No Current psychotropic medications (see current medication c
 medical form)
 11. Yes No Hallucinations**
 12. Yes No Was this inmate on caseload at sending institution. If
 discharged, give date _____

Yes response to items with ** should be referred for either
 immediate attention or evaluation as dictated by the
 individual circumstances.

Comments _____

DISPOSITION

- Yes No Crisis unit assignments requested (SW) (CW) (QBS)
 Yes No Special status assignment requested
 Yes No Routine housing requested
 Yes No Mental health orientation information given to inmate
 Yes No Immediate mental health referral

SUBSTANCE ABUSE SCREENING

- Yes No History of Substance Abuse problem
 Yes No Previous Substance Abuse treatment
 Yes No History of problem when ceasing use

Use Within 6 Months of Confinement
 Amount/Frequency/Method

Date of
 Last Use

Alcohol	Yes <u>No</u>	_____	_____
Amphetamines	Yes <u>No</u>	_____	_____
Cannabis	Yes <u>No</u>	_____	_____
Cocaine	Yes <u>No</u>	_____	_____
Hallucinogens	Yes <u>No</u>	_____	_____
Inhalants	Yes <u>No</u>	_____	_____
Opiates	Yes <u>No</u>	_____	_____
Phencyclidine	Yes <u>No</u>	_____	_____
Sedatives	Yes <u>No</u>	_____	_____

Institution CLC

Received From HCTC

Date of Arrival 6-25-96

Signature of Interviewer WES

Time of Arrival 11:30 AM

Date of Interview 6-25-96

Printed Name of Interviewer WES

Time of Interview 1:30 PM

INMATE NAME WOODS, Bruce

INMATE NUMBER 329-889

INTERDISCIPLINARY PROGRESS NOTES

Date & Time	Document significant events during client's course of treatment; implementation of treatment plan and response to treatment. Sign and title all notes	Dept. or Discipline
7/16/96	RECEIVED FROM CRC, PLACED AT WCI	
7/18/96	FILES SCREENED FOR MENTAL HEALTH HISTORY	
7/26/96	INITIAL CLASSIFICATION SCREENING / DETAILED MENTAL HEALTH SCREENING <p>offenses Denies guilt in offenses. He says says that he wasn't there. In court he learned that the victim was moved from the living room to the bed room. Victim is described as a young lady. Doesn't know why he was arrested.</p> <p>He says that if he experiences any mental health problem he would probably read the bible. He says that he believes that he is strong enough to handle any mental health problem that he has. He says that he sleeps a lot. He has suppressed appetite. He denies being depressed, and does not want medication. I see him as clinically depressed. No psychiatric referral will be made at this time. He was advised to take if he changes his mind.</p> <p>R. J. L. Ph.D. Psych. Sgs. (over →)</p>	
6/6	From WCI To SOCF June 6, 1997	

WARREN CORRECTIONAL INSTITUTION

WOODS, BRUCE

A329-889

(continue on reverse side)

WOODS J29 889

INTERDISCIPLINARY PROGRESS NOTES

Date & Time	Document significant events during client's course of treatment; implementation of treatment plan and response to treatment. Sign and title all notes	Dept or Discipline
4/30/97	<u>Mental Health</u>	
4:00pm	I received a kite from Inmate and attempted to speak with him during Seg Rounds. He refused to get out of bed to talk. Kite returned with note. Carolyn D'Onofrio, PhD Psych Asst 2 R. J. Ph.D. Psych Asst 2	
7/2/98	I saw this Inmate per his request. When I approached the cell he was asleep, but I woke him and he sat on the edge of his bed and talked (S) he complains that he is beginning to feel as if he will explode. He is increasingly irritable and tends to become quiet as tension builds up as it is now, he says. His anger is his downfall - and he does not want something to happen again. (O) about (I woke him up) coherent, speaks low/quiet, no behavioral problem, stable/calm, mood serious, affect appropriate, not suicidal; chart shows a history of suicidal attempts, but contracted for personal safety, (A) No depression, No Compulsive Disorder (P) referred to psychiatrist (Dr. Bowyer); give literature on stress, anger control, etc; Follow-up in 1 week. J. McHenry PhD	
9.20.99	RECD. FROM SOCF, Bm, M.H. SEC, TCT Com	
10-25-99	① was seen for M.H. orientation & detailed screening	
10:15am	Attempts to see ② in seg where he was placed soon	
10:40am	after his transfer to TCT were unproductive unproductive. Upon last attempt 10/21/99 I discovered he was just released to G.P. ② reported in appt as scheduled for M.H. screening	
	③ Inmate spoke very little & in low tones. (can't)	



Detail Mental Health Screening Form

MENTAL HEALTH HISTORY

1. History of psychotropic medications Current Usage _____ List Medications _____ Evidence of EPS _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. History of psychiatric hospitalization	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. History of out-patient mental health history	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. History of violence: (check those that apply) <input type="checkbox"/> Behavior <input type="checkbox"/> Threats <input checked="" type="checkbox"/> Kidnapping <input type="checkbox"/> Verbally Assaultive <input checked="" type="checkbox"/> Physically Assaultive	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. History of self-injurious behavior	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. History of head injury, trauma Describe: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Length of time in county jail: _____ Years <u>6</u> Months _____ Days	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. History of placement in any special education programs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

BEHAVIORAL OBSERVATION

(Check all Relevant Categories)

<input type="checkbox"/> Aggressive	<input type="checkbox"/> Irrational	<input type="checkbox"/> Passive
<input type="checkbox"/> Agitated	<input type="checkbox"/> Labile	<input type="checkbox"/> Rational
<input type="checkbox"/> Delusional	<input checked="" type="checkbox"/> Lethargic	<input type="checkbox"/> Terrified/Crying
<input type="checkbox"/> Eye Contact	<input type="checkbox"/> Loose Associations	<input checked="" type="checkbox"/> Withdrawn
<input type="checkbox"/> Hallucinating	<input type="checkbox"/> Manipulative	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hyperactivity	<input type="checkbox"/> Paranoia	

MENTAL STATUS EXAMINATION

(Wright in Brief Description)

Affect: <u>flat</u>	Appearance: <u>ok</u>
Concentration: <u>ok</u>	Intellectual Functioning: <u>ok</u>
Mood: <u>seems depressed</u>	Memory: <u>ok</u>
Orientation: <u>x 4</u>	Speech: <u>ok</u>
Other: _____	
Screened By: <u>Robert P. Beckman</u>	Title: <u>Psychologist II</u>
Date: <u>7/26/96</u>	Time: <u>2:30 pm</u>
Reviewed By: <u>R. L. H. T.</u>	Title: <u>Psych-Sys.</u>
Date: <u>7-30-96</u>	Time: <u>2:30 p.m.</u>
Inmate Name: <u>WOODS, BRUCE</u>	Number: <u>A329-889</u>
Institution: <u>Warren Correctional Institution - WCI</u>	

SUICIDE POTENTIAL SCREENING

1. Correctional or Transporting Officer reports subject may be suicidal risk	Yes	<input checked="" type="radio"/> No
2. Experienced a significant loss within the last six months Describe _____	Yes	<input checked="" type="radio"/> No
3. Worried about major problems other than legal situation Describe _____	Yes	<input checked="" type="radio"/> No
4. Holds a position of respect in community and/or alleged crime is shocking in nature.	Yes	<input checked="" type="radio"/> No
5. First involvement with legal system	Yes	<input checked="" type="radio"/> No
6. Appears to feel unusually embarrassed or ashamed	Yes	<input checked="" type="radio"/> No
7. Expresses feelings of helplessness or hopelessness	Yes	<input checked="" type="radio"/> No
8. Shows signs of depression: crying, emotional distress Describe <u>flattened affect</u>	<input checked="" type="radio"/> Yes	<input type="radio"/> No
9. Appears overly anxious, afraid, or angry	Yes	<input checked="" type="radio"/> No
10. Is acting and/or talking in a strange manner. (cannot focus attention, hallucinating)	Yes	<input checked="" type="radio"/> No
11. Expresses thought of killing self	Yes	<input checked="" type="radio"/> No
12. Has made previous suicide attempts: Number _____	Yes	<input checked="" type="radio"/> No
13. Has a suicide plan Describe _____	Yes	<input checked="" type="radio"/> No
14. Has the means to carry out the suicide plan	Yes	<input checked="" type="radio"/> No
15. Family member or significant other has attempted or committed suicide. Relationship _____ Date _____ Method _____	Yes	<input checked="" type="radio"/> No

TOTAL YES/NO COUNT 1 17

If the total yes/no count is six or more, review for special watch status and refer for mental health evaluation.

DISPOSITION

- ☒ Approved for general population; no mental health referral
- ☐ Approved for general population; routine mental health referral
- ☐ Special Housing - ASAP Mental Health Referral
- ☐ Suicide precautions - emergency mental health referral
- ☐ Psychiatric medications order needed

WILKINSON CORRECTIONAL INSTITUTION
MENTAL HEALTH SERVICES
INITIAL CLASSIFICATION CONTACT SHEET

NAME: WOODS, BRUCE NUMBER: A329-889

7/16/96 RECEIVED FROM: CRC INSTITUTION PLACEMENT: WCI

D.O.B. 10/18/66 RACE: BLACK

MOST RECENT INTAKE EVALUATION: 6/26/96

PREVIOUS NUMBERS: R135-695 A247-326

COMMENTS:

RECORD OF INTELLIGENCE TEST DATA:

BETA: 1/29/86 FORM: II
OPCT: 8/16/91
WAIS:
INTELLIGENCE RATING: BELOW AVERAGE

EDUCATIONAL TEST DATA:

<u>TEST</u>	<u>TEST DATE</u>	
OTIS LENNON:	1/29/86	EDUCATIONAL LEVEL: 7.5
TABE READING:		EDUCATIONAL LEVEL:
TABE BATTERY:		READING: ENGLISH: MATH:
OVERALL BATTERY:		

All information is based upon screening completed at reception, or information gathered at other institutions, and may not be verified.

7/26/96 INITIAL CLASSIFICATION SCREENING

JOB LIMITATIONS: *mental health problems*

OTHER COMMENTS: *Restrict to low stress job.*

Robert P. Jenkins
Psychology M.H.S.
R. J. Ch. D.
Psych. Sup.

CC: JOB COORDINATOR RECORDS MEDICAL PSYCHOLOGY

0000008



Initial Mental Health Screening Form

Provide information in the *Comment* section for all questions answered *yes*.
All information is based upon self report of inmate.

- | | | |
|---|--|---|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | History of outpatient mental health treatment |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | History of inpatient mental health treatment |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | History of head injury |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | History of violent behavior |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | History of suicide attempts** |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Current suicidal thoughts** |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Current suicide plan** |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Ability to carry out current suicide plan** |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Unusual behavior/affect** |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Current psychotropic medications (see current medication on medical form) |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Hallucinations** |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Was this inmate on caseload at sending institution. If discharged, give date: |

Yes responded to items with ** should be referred for either immediate attention or evaluation as dictated by the individual circumstances.

Comments:

DISPOSITION

- | | | |
|---|--|---|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Crisis unit assignment requested (SW)(CW)(OBS) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Special status assignment requested |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Routine housing requested |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Mental health orientation information given to inmate |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | Immediate mental health referral |

SUBSTANCE ABUSE SCREENING

- | | | |
|------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | History of Substance Abuse problem. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Previous Substance Abuse treatment. |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | History of problem when ceasing use. |

	Amount	Frequency	Method	Date of Last Use
Alcohol	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Amphetamines	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Cannabis	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Cocaine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Hallucinogens	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Inhalants	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Nicotine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Opiates	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Phencyclidine	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Sedatives	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Frequency of Use Codes:

- 1= Less than 12 times yearly
2= Once per month
3= Once per week
4= 2 - 3 times per week
5= More than 3 times per week
6= Once daily
7= 2 or 3 times daily
9= Binge

Method of Administration Coding:

- 1= Oral
2= Intravenous
3= Intramuscular
4= Inhalation
5= Smoking
6= Freebase
7= Other

Date of Interview: 6/6/97		Signature/Title of Interviewer: [Signature] Psych. Asst. II	
Time of Interview: 1:20 PM	Institution: SOCF	Printed Name/Title of Interviewer: Gary Taylor, Psych. Asst. II	
Date of Arrival at Institution: 6/6/97	Time of Arrival at Institution: 12:05 PM	Received from: WCI	
Inmate Name: W.C.I.		Inmate Number: 329-889	



Detail of Mental Health Screening

MENTAL HEALTH HISTORY			
1.	History of psychotropic medications Current usage List Medications Evidence of EPS	<i>antidepressants - about '95, '96</i> <i>nothing current</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	History of psychiatric hospitalization A) Name of facility/provider: B) Date: From To Requested Records:	<i>Cinn., Ohio Gruth. suicide</i> <i>1990</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.	History of out-patient mental health treatment A) Name of facility/provider: B) Date: From To Requested Records:	<i>Cinn. Ohio following hospital</i> <i>1990</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	History of violence: (check those that apply) <input type="checkbox"/> Behavior <input type="checkbox"/> Threats <input type="checkbox"/> Verbally Assaultive <input type="checkbox"/> Physically Assaultive Comments:	<i>S.O. Kidnapping, Robbery, Burglary.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	History of self-injurious behavior Comments:	<i>2x</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6.	History of head injury, trauma Describe: Comments:	<i>1x</i> <i>fighting - hit on head & ball bat</i> <i>L.O.C. briefly -</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7.	Length of time in county jail: Years Months Days		<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Previous Prison Incarceration <i>2x</i> State: <i>Ohio</i> Requested Records:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9.	History of placement in any special education programs Unit: Comments:	<i>Youth Dev. Centers</i> <i>Hill Crest, Buckeye, Twenty-Twenty(?) grad</i> <i>Cinn. Ohio</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you ever received services from the County Board of MR/DD? Requested Records:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Screened By: <i>Carol Moore, M.A.</i>		Title: <i>Psychology Assistant</i>	
Date: <i>10-25-99</i>		Time: <i>10:15 AM</i>	
Reviewed By: <i>Al Ricciardi, PhD</i>		Title: <i>A.M. RICCIARDI, PH.D.</i>	
Date: <i>10-26-99</i>		Time: <i>PSYCHOLOGY SUPERVISOR</i>	
Inmate Name: <i>Woods, Bruce</i>		Number: <i>329-889</i>	
Institution: <i>TCT</i>		Date of Arrival: <i>9/20/99</i>	

BEHAVIORAL OBSERVATION

(Check all Relevant Categories)

- ☐ Aggressive
☐ Agitated
☐ Delusional
☐ Eye Contact
☐ Hallucinating
☐ Hyperactivity

- ☐ Irrational
☐ Labile
☐ Lethargic
☐ Loose Associations
☐ Manipulative
☐ Paranoia

- ☐ Passive
☐ Withdrawn
☐ Terrified/Crying
☐ Other: _____

Comments:

MENTAL STATUS EXAMINATION

(Write in Brief Description)

Affect: *blunted*
 Concentration: *appeared to have difficulty focusing*
 Mood: *depressed*
 Orientation: *X3*
 Other: _____

Appearance: *dressed in prison blues*
 Intellectual Functioning: *average*
 Memory: *appears to have some difficulty*
 Speech: *poverty of speech - relevant what he did respond - soft given difficult to understand but repeated if asked*

SUICIDE POTENTIAL SCREENING

1.	Correctional or Transporting Officer reports inmate may be suicidal risk.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2.	Experienced a significant loss within last six months. Describe: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3.	Worried about major problems other than legal situation. Describe: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4.	Holds position of respect in community and/or alleged crime is shocking in nature. <i>kidnapping (did not give details)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5.	First involvement with legal system. Describe: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6.	Appears to feel unusually embarrassed or ashamed.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7.	Expresses feelings of helplessness or hopelessness.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8.	Shows <u>Signs of depression</u> : crying, emotional flatness Describe: <i>reference to drinking for full evaluation</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9.	Appears overly anxious, afraid, or angry.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10.	Is acting and/or talking in a strange manner. (cannot focus attention, hallucinating)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SUICIDE POTENTIAL SCREENING (continued)

11. Has made previous suicide attempts. ☒ Yes ☐ No
 Date of most Recent Attempt: 1990 Method: _____
 Number: 2x
12. Expresses thoughts of killing self. denies current thoughts ☐ Yes ☒ No
13. Has a suicide plan. ☐ Yes ☒ No
 Describe: _____
14. Has the means to carry out the suicide plan. ☒ N/A ☐ Yes ☒ No
15. Family member or significant other has attempted or committed suicide. ☐ Yes ☒ No
 Relationship: _____
 Date: _____ Method: _____

TOTAL YES/NO COUNT 4 Yes 17 No

If there are any checks in the Behavioral Observation Section (pg. 1), or if the total yes count in Suicide Potential Screening

DISPOSITION

(check all appropriate boxes)

- ☐ Place on continuous suicide watch
☐ Place on close suicide watch
☐ Psychiatric medication order needed

REFERRAL FOR MENTAL HEALTH EVALUATION

(check one box)

- ☐ Emergency referral (1 hr)
☒ ASAP referral (3 days)
☐ Routine referral (30 days)
error ☒ No referral

(check one box)

- ☐ Place in crisis/safe cell
☐ Place in special housing
+ ☐ Place in RTU
☒ Place in general population

Mental Health
Classification Assigned

- ☒ N
☐ C₁
☐ C₂
☐ C₃

Comments: Immediate
Referral to Dr King for full eval.

Inmate Name:

Number:

Mental Health Nursing Assessment

Institution: <u>TCI</u>	Lock:	Date: <u>11/28/99</u>
Inmate Name: <u>Woods, Bruce</u>	Number: <u>329-889</u>	Date of Birth: <u>10/18/66</u> Age: <u>33</u>

Biophysical Assessment/History

BP <u>120/70</u>	P <u>80</u>	R <u>20</u>	Ht <u>5'6"</u>	Wt <u>161.5</u>	Allergies: <u>NKA</u>
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Past Medical History: ☐ Diabetes ☐ Heart Disease ☐ Kidney Disease ☐ Hypertension ☐ Cancer ☐ TB
☐ Seizure D/O ☐ COPD ☐ Liver Disease ☐ Stroke ☐ Back Problems ☐ Peptic Ulcer Dis
☐ Congenital D/O ☐ Peripheral Vasc Dis ☐ Other: none per @

Assistive Devices: ☐ Walker ☐ Crutches ☐ Cane ☐ Wheelchair ☐ Artificial Limb(s)
☐ Artificial Larynx ☐ Glasses ☐ Hearing Aid ☐ Partial Dentures ☐ Upper Dentures ☐ Lower Dentures

Major Illnesses / Accidents / Surgeries / etc.:

day hosp - head injury from being hit by a baseball bat around age 13
gun shot in back at age 16

Current Medical Problems:

6 Stitches in lip 9 days ago from "horse play"

Current Medical Medications / Dosages:

Only Tolfanate Powder for athlete's foot

Compliance: ☐ More than ☐ Less than
☐ 100% ☐ 0% ☐ 50%

Sleep Pattern: ☐ Insomnia ☒ Difficulty Falling Asleep ☐ Difficulty Waking Up ☐ Other: Sleep in daytime
2 hrs at night 2 hours in day

Tobacco / Amt.: _____	Caffeine / Amt.: _____
Hygiene: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Showers <u>7</u> times a week	Deficit Identified: _____

Psychiatric History

Symptoms of First Psychiatric Event / Age at Onset:

Age 13 (grade 8) spent 18 mos at Hillcrest in Cincinnati
(Juvenile Tx Center) "Saw spots" "said to be withdraw"

Psychiatric Hospitalizations / Treatment / Medications:

Put on Thorazine at age 13 1/2

Side Effects Experienced / Causative Medications:

none remembered

Psychotropic Medication Compliance

NA ☐ 100% ☐ 0% ☐ 50% ☐ More ☐ Less ☐ 100% ☐ 0% ☐ 50% ☐ More ☐ Less
on no meds.

Known Dosages: ☐ Yes ☐ No

Known Side Effects: ☐ Yes ☐ No

History of Aggression / Acting Out Behavior: ☒ Yes ☐ No

Last Episode (explain):

Since 10th grade

1996 in prison
in Louisville

Appetite: ☐ Good ☒ Fair ☐ Poor ☒ Appears adequately nourished ☐ Deficit (explain):

eats one meal per day usually.

History of Failure to Eat / Hunger Strikes: ☐ Yes ☒ No Last Episode (explain):

Educational Assessment

Highest Grade Completed:

12th grade

☐ Regular Classes

mostly

☐ Special Education

some one class

Type:

General Studies

☒ Able to understand Current Diagnosis

☒ Able to Read

☒ Able to Write

☒ Able to Communicate

☐ Unable to understand Current Diagnosis

☐ Unable to Read

☐ Unable to Write

☐ Unable to Communicate

Mental Status

Age: ☐ Appears Stated Age

☒ Appears Younger

☐ Appears Older

Dress/Grooming: ☒ Appropriate

☐ Seductive

☐ Bizarre

Posture: ☒ Unremarkable

☐ Rigid

☐ Stooped

Facial: ☒ Unremarkable

☐ Hostile

☐ Worried

☐ Tearful

☐ Sad

Eyes: ☒ Unremarkable

☐ Glances Furtively

☐ Poor Eye Contact

Motor Activity: ☐ Increased

☒ Decreased

☐ Gait Unsteady

☐ Gait Rigid

☐ Gait Slow

☐ Agitation

☐ Tremors

☐ Tics

General Attitude/Behavior: ☐ Spontaneous

☒ Preoccupied

☐ Suspicious

☐ Argumentative

☐ Self-destructive

☒ Withdrawn

☐ Regressed

☐ Seductive

☐ Hostile

Mood/Affect: ☒ Flat

☒ Depressed

☐ Euphoric

☐ Apathetic

☐ Fearful

☐ Labile

☐ Blunt

☐ Inappropriate

☐ Constricted

Speech/Communication: ☒ Normal

☐ Aphasia

☐ Slurred

☐ Rapid

☐ Mute

☐ Flight of Ideas

☐ Confabulation

☐ Muttering

☐ Tangential

☐ Association

☐ Over Productive

Thought Content: ☐ Suicidal Thoughts/Plans

☒ Homicidal Thoughts/Plans

☐ Antisocial Attitudes

☐ Phobias

☐ Indecisiveness

☐ Self-derogatory

☐ Excessive Religion

☐ Bizarre

☐ Assaultive Ideas

☐ Hypochondriasis

☐ Alienation

☐ Blames Others

☐ Suspiciousness

☐ Helplessness

☐ Self Pity

☐ Inadequacy

☐ Poverty of Content

☐ Ideas of Guilt

☐ Obsessive

☐ No Deficit Identified

Abstract Thinking: ☒ Unimpaired

☐ Concrete

Delusions: ☐ None

☐ Persecution

☐ Reference

☐ Influence

☐ Somatic

☐ Systematized

☐ Other:

Hallucinations: ☒ None

☐ Auditory

☐ Visual

☐ Olfactory

☐ Tactile

Denies

Memory: ☐ Grossly Intact

☐ Inability to Concentrate

☐ Poor Recent Memory

☐ Poor Remote Memory

Insight/Judgment: ☐ Unimpaired

☐ Poor Judgment

☐ Poor Insight

☐ Doesn't know reason for being here

☐ Unmotivated for Treatment

Strengths:

"I can deal with anything"

Weaknesses:

"not trusting people"

Additional Comments:

Nurse Name (print):

Pat Nicastro

RN

Date:

11/28/99

Time:

10

Institution T C I

ODRC MENTAL HEALTH EVALUATION

Inmate Name: Bruce Woods No. 329 D.O.B. 10/18/68
FF9

Referral Source:

<input type="checkbox"/> Self	<input type="checkbox"/> Medical	<input type="checkbox"/> Recovery Services
<input type="checkbox"/> Segregation	<input type="checkbox"/> MH Initial Screening	<input type="checkbox"/> Education
<input type="checkbox"/> Housing Unit	<input type="checkbox"/> MH Detailed Screening	<input type="checkbox"/> Job Assignment
<input type="checkbox"/> Parole Board	<input type="checkbox"/> Religious Services	<input checked="" type="checkbox"/> Other <u>admitted</u>
<input type="checkbox"/> Administration	<input type="checkbox"/> Rules Infraction Board	<u>by Dr. King</u>

Inmate Housing at Time of Referral: (check one)

☒ General Population ☐ Segregation ☐ Crisis Bed ☐ Infirmary (Not Crisis Bed)

☐ Other _____

I. Reason for Referral (Presenting Problem)

(I) Increasing depression; potential for suicide attempt
(II) Inmate admitted to 15W from 15 E on 11/27/99.

He was referred by Ms. Moore MIT to me around 10/25/99.
She was concerned due to his depressed mood, low energy levels, withdrawn, resistant, uncommunicative behavior.

II. History of Present Illness

He also has history of psychiatric hospitalizations & 2 suicide attempts / gestures. I saw him 10/28/99 in segregation. Presentation similar to what is described above. I saw him again 11/11 and 11/16. Chief

III. Psychiatric History (In-patient/ Out-patient Treatment) -Include current medications if any

complaint was he was too far away from his family to receive visits and he wanted a "hardship" transfer to Warren CI. He sent me a letter that I received 11/22/99. He complained of being depressed - crying, loss of appetite & tented at having suicidal ideas, but did not say explicitly. He also tented that he may "go off" if he was to stay at TCI.

IV. Medical History -Include current medications

I spoke to his block officer 11/27. He said he had been hospitalized often in the cell & believed he was being harassed by other inmates. He had been in altercation a few days prior & had lip lacerations. He was admitted to 15W due to depression. He was to give re: 15W but did not on exam, but that he intended to be released he was not going to be staying he was of young holidays. I put him in 15W for 30 days.

V. Alcohol & Substance Use History

VI. Personal History

He was in 15W for 30 days.

III

offensive denials since 11/1/99.

Symptoms previously documented also include:

irritability, anger, depressed mood, blunted affect, psychomotor retardation

III) Records indicate 3 prior suicide attempts - one by cutting his arm, + 1 prior psychiatric hospitalization. ~~One~~ ^{Two} attempts were by hanging.

IV) Negative

V) History of alcohol & nonprescription drugs

Inmate Name: Bruce Woods No. 374189 D.O.B. 10/11/64

VII. Social History

Born in Wisconsin, oldest of 3 children
11th grade education

VIII. Occupational History

Limited work history

IX. Family History

Negative

X. Criminal Justice History (Current Conviction & Sentence; Prior Arrests & Convictions)

Insta offense: Kidnapping; Robbery;
Burglary. 3-15
Juvenil history: 13y/o → arrested
15y/o → 11 months
1984 → Buckeye Youth Center
1985 →
Difficulty functioning
in CP.

XI. Institutional Adjustment

Poor

XII. Mental Status Examination

A. Appearance & Behavior

blunted affect; detached

B. Mood & Affect

Depressed

C. Speech & Language

Normal

D. Thought Process

Normal

E. Thought Content & Perceptions

Normal

F. Cognitive Assessment

Normal

G. Suicide/Violence Risk Assessment:

-Past Suicidal Ideation/Attempts (date & method):

3 by throat attempts

-Current Suicidal Ideation/Behavior:

None

-Past Violent/Assaultive Behavior:

History of this

-Present Ideas/Behaviors:

Serially

Inmate Name: Bruce Woods No. 329 D.O.B. 11/11/69
189

H. Insight/Judgement
None / Poor

XIII. Psychological
 Testing
 Results N/A

XIV. Diagnostic
 Impression

Axis I: 21 Depressive Disorder NOS b) Alcohol Abuse / Chronic Abuse

Axis II: Personality Disorder N1 - antisocial & borderline; passive aggressive

Axis III: None

Axis IV: Incarcerated

Axis V: GAF = 30

XV. Treatment
 Recommendations
 (including
 medications, labs
 ordered)

1450 Paxil, 12 explored
Admit to 12w
monitor

XVI. Disposition
 (check one)

☐ General Out-Patient Caseload ☒ Probate
☒ Psychiatric Out-Patient Caseload ☐ Sex Offender Caseload
☒ Residential Treatment Unit ☐ No Further Services Requested
☐ Crisis Bed ☐ Other _____

Next Appointment: 1cc 9/11/99

XVII. Name,
 Title and
 Signature of
 Evaluator
 Name/Title

[Signature] 12/11/99
 Signature



Detailed Mental Health Screening

MENTAL HEALTH HISTORY	
1. History of psychotropic medications Current usage List Medications: <u>Paxil</u> Evidence of EPS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. History of psychiatric hospitalization A) Name of facility/provider: <u>Cum., OH for Depression, All Suicide</u> B) Date: From <u>1990</u> To _____ Requested Records:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3. History of out-patient mental health treatment A) Name of facility/provider: <u>Cum., OH (Agency unknown)</u> B) Date: From <u>1990</u> To _____ Requested Records:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4. History of violence: (check those that apply) <input type="checkbox"/> Behavior <input type="checkbox"/> Threats <input checked="" type="checkbox"/> Verbally Assaultive <input checked="" type="checkbox"/> Physically Assaultive Comments: <u>Robbery kidnapping</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. History of self-injurious behavior Comments: <u>Cut on self "to get C.O.'s attention"</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. History of head injury, trauma Describe: <u>Hit with a bat in the head about</u> Comments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. Length of time in county jail: _____ Years _____ Months <u>600</u> Days	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. Previous Prison Incarceration State: <u>OH</u> <u>-1986 Robbery</u> <u>-1991 DW-RSP, Drug charges</u> Requested Records:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
9. History of placement in any special education programs Unit:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Have you ever received services from the County Board of MR/DD? Requested Records:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Screened By: <u>Kim Demeter</u>	Title: <u>SWF</u>
Date: <u>4/27/00</u>	Time: <u>8:30 am</u>
Reviewed By: <u>K. Washington, (P.D.)</u>	Title: <u>Psych. Ep</u>
Date: <u>4-27-00</u>	Time: <u>2:24 P.M.</u>
Inmate Name: <u>Woods</u>	Number: <u>329-889</u>
Institution: <u>WC, I</u>	Date of Arrival: <u>4/18/00</u>